

PART B - FEE(S) TRANSMITTAL



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Lori Klewin	(Depositor's name)
<i>Lori Klewin</i>	(Signature)
July 19, 2007	(Date)

J. LAKS
 JOSEPH S. TRIPOLI
 PATENT OPERATIONS
 THOMAS MULTIMEDIA LICENSING INC.
 POST OFFICE BOX 5312
 PRINCETON, NJ 085435312

05/29/2007

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/391,059	09/07/1999	VASUDEVAN PARTHASARATHY	RCA88495 07/20/2007 HDEMSS2 00000071	8006 070832 09391059
TITLE OF INVENTION: CODE MAPPING IN A TRELLIS DECODER			01 FC:1501 1400.00 DA	
			02 FC:8001 15.00 DA	

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$0	\$1400	08/29/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
KIM, KEVIN	2611	375-341000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1. Joseph J. Laks 2. Ronald H. Kurdyla 3. Joseph J. Opalach
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Thomson Licensing

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Boulogne-Billancourt, France

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 07-0832 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Typed or printed name

Joseph J. Opalach

Date

Registration No.

36,229

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